

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Farrier
4031 Malabar Road
Montgomery, AL 36116

2. Article Numbr

7007 1490 0000 0024 9759
(Transfer from)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Michael M Farrier

C. Date of Delivery
11/29/07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

2:07CV 981

c, and emp + &

1/4/08

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes